АТ	TORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, Telephone No.)	FOR COURT USE ONLY
JU ST P.0	UPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE ISTICE CENTER: Central Harbor North South West REET ADDRESS: 0. BOX: TY AND ZIP CODE:	
	AINTIFF: EFENDANT:	
	SMALL CLAIMS CERTIFIED MAIL STATEMENT	CASE NUMBER:
	RTIFIED MAIL IS THE LEAST EFFECTIVE METHOD OF SERVICE AND I ACER WILL BE SENT.	S NOT RECOMMENDED. NO POSTAL
1.	For a fee, the clerk will attempt to serve your claim by certified mail, restricted delivery (to be signed by addressee only) and return receipt requested. THIS SERVICE IS NOT GUARANTEED AND THERE IS NO REFUND IF THE PARTY IS NOT SERVED.	
2.	 The court may not hear for trial any claim which has been sent certified mail when: a. The Postal Service has returned the certified mail as unclaimed or refused by addressee or undeliverable as addressed or unable to forward. b. The Postal Service has neither returned a signed receipt nor the certified letter. It is not unusual to receive the receipt or certified letter after the court date. c. The certified letter is not addressed to the proper party to be served. d. The return receipt is signed outside California, except for the owner of record of real property in California who resides in another state; or a nonresident owner or operator of a motor vehicle involved in an accident within this state pursuant to Section 116.340(e)(f) of the Code of Civil Procedure. e. The return receipt mail is sent by someone other than the clerk of the Small Claims Division. f. The return receipt is signed by someone other than the addressee, unless the party appears and waives service. 	
3.	Your case may be dismissed on the date set for trial if proper service has not been completed (Rule 354 of the Orange County Superior Court Local Rules).	
4.	THE COURT WILL NOT NOTIFY YOU IF THE CLAIM HAS OR HAS NOT BEEN SERVED! You may call the Smal Claims Office to learn if the defendant has been served. Please wait 20 days before calling.	
5.	The clerk will attempt delivery of your claim as addressed on the claim (unless different address is specified below). If service will be for a partnership or corporation, complete the following information:	
	Name of officer, authorized agent, or partner: Title of party listed above:	
l ha	ave read the above information and I wish the clerk to attempt delivery o	of my claim.
Dat	e:	Signature
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